PO8000054253

⁺ (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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C.COULLIETTE
JUN 1 2 2009

EXAMINER

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: Solvas	Tian LawDscap	ing Inc
DOCUMENT NUMBER: 207000	054253	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Name	Sepulveda. of Contact Person	
Fir	m/ Company	
6270 SOUTH Or	ange Dossom	Mail
Suit 134, City/s	Stando FI tate and Zip Code	32824
E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, plea	se call:	
Name of Contact Person	at (407) 4370 Area Code & Daytime Tele	245 phone Number
Enclosed is a check for the following amount made	payable to the Florida Depart	ment of State:
\$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

Sebastian Januscapina INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P08000054253	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followamendment(s) to its Articles of Incorporation:	wing
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) RECRETARY HELIARY STATE OFFICE STATE	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>UP.</u>	Hernandez Ramonila	Oxlandoff: 32825	Add Remove
			_ □ Add □ Remove
			_
	ling or adding additional Articles, enter additional sheets, if necessary). (Be specified)		
provisio	nendment provides for an exchange, recons for implementing the amendment if of applicable, indicate N/A)		
		J/A	

The date of each amendment(s)	adoption: 06-05-09
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	."
(ve	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	10/09
selecte	director, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
_	Roberto Gerez
	(Typed or printed name of person signing)
_	hesisont
	(Title of person signing)